



APPLICATION FOR A DISABLED HUNTER PERMIT

FOR OFFICE USE ONLY

Permit #:

Date Issued:

Issued By:

_____	_____	_____	XXX-XX-
Last Name	First Name and Middle Initial	Date of Birth (MM/DD/YYYY)	Social Security Number (Last 4 digits REQUIRED)

_____	_____	_____	_____	_____
Mailing Address	City	State	Zip Code	Daytime Phone Number

_____	_____	_____	_____	_____
Physical Address	City	State	Zip Code	Email Address (optional)

_____	_____	_____	_____	_____
Weight (lbs)	Height (Ft' Inches")	Eye Color	Hair Color	Sex

I HEREBY SWEAR, UNDER PENALTY OF PROSECUTION, I AM PERMANENTLY DISABLED AS DESCRIBED IN THIS APPLICATION.

_____	or	_____
Applicant's Signature and Date		Parent/Legal Guardian's Signature and Date (If applicant is under the age of 18)

IF APPLICANT IS APPLYING AS A DISABLED VETERAN, APPLICANT MUST COMPLETE:☐

Has written proof that the last official certification of record by the United States Department of Veterans Affairs or any branch of the Armed Forces of the United States shows the person to be at least sixty-five (65%) percent physically disabled. Valid documentation must be attached to this application to be considered complete.

IF APPLICANT IS NOT APPLYING AS A DISABLED VETERAN, PHYSICIAN MUST COMPLETE:

I, the undersigned, swear that I am a licensed medical doctor, nurse practitioner, physician's assistant, optometrist or ophthalmologist and find the above named applicant to be disabled as defined by one or more of the following condition(s): **THIS PORTION OF THE APPLICATION CANNOT BE ALTERED. ALTERED APPLICATIONS WILL NOT BE ACCEPTED.**

PLEASE CHECK THE APPROPRIATE BOX(ES):

☐

Is permanently unable to walk without the use of, or assistance from, a wheelchair, scooter, or walker;

☐

Is restricted by lung disease to the extent the person's forced expiratory volume for one (1) second, when measured by a spirometer, is less than thirty-five (35) percent predicted, or arterial oxygen tension is less than fifty-five (55) mm/Hg on room air at rest;

☐

Has a cardiac condition to the extent the person's functional limitations are classified in severity as Class III or Class IV, according to standards established by the American Heart Association;

☐

Has a permanent, physical impairment that prevents the person from holding or shooting a firearm or bow in hand;

☐

Has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is not greater than twenty (20) degrees.

Name of Licensed medical doctor, nurse practitioner, physician's assistant, optometrist or ophthalmologist (PLEASE PRINT)

_____	_____	_____	_____	_____
Address	City	State	Zip Code	Phone Number

_____	_____
Signature of Licensed medical doctor, nurse practitioner, physician's assistant, optometrist or ophthalmologist	Date

Permits are issued only at Wyoming Game and Fish Department Regional Offices located in JACKSON, PINEDALE, CODY, SHERIDAN, GREEN RIVER, LARAMIE, LANDER, CASPER or the Wyoming Game and Fish Headquarters located in CHEYENNE. Applications can be mailed to: Wyoming Game and Fish Department, License Section, 5400 Bishop Boulevard, Cheyenne, WY 82006-0001. Revised 9/2014